4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

1. activities designed to promote skill development of both the child and the child's family in the use of age-appropriate daily living skills, interpersonal and family relationships, and leisure and recreational services;

2. activities that will assist the family to improve its understanding of normal child development and to use parenting skills that will help the child achieve the goals outlined in the child's individual treatment plan (and assistance in developing parenting skills necessary to address the needs of the child); and

3. assistance in developing independent living skills;

C. crisis assistance. Crisis assistance services focus on crisis identification and prevention. The services help the child, the child's family and all providers of services to the child to:

1. recognize factors precipitating a mental health crisis;

2. identify behaviors related to the crisis; and

3. be informed of available resources to resolve the crisis. Such assistance is designed to address abrupt or substantial changes in the functioning of the child or the child's family evidenced by a sudden change in behavior with negative consequences for well being, a loss of coping mechanisms, or the presentation of danger to self or others. Crisis assistance service components are:

a) crisis risk assessment;

b) screening for hospitalization; and

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

c) referral and follow-up to suitable community resources.

Crisis assistance services must be coordinated with emergency services. Emergency services must be available 24 hours per day, seven days a week;

D. mental health crisis intervention and crisis stabilization services. Mental health crisis intervention and crisis stabilization services focus on intensive, immediate, on-site short-term mental health services by a mobile crisis response team to help a child return to the child's baseline level of functioning. A mobile crisis response team is comprised of at least two mental health professionals or at least one mental health professional and one mental health practitioner under the clinical supervision of the mental health professional. At least one member of the team provides on-site intervention and stabilization services.

Mental health crisis intervention and crisis stabilization services components are:

1. a culturally appropriate assessment evaluating the child's:

   a) current life situation and sources of stress;

   b) current mental health problems, strengths, and vulnerabilities; and

   c) current functioning and symptoms;

2. development of a written, short-term crisis intervention plan within 72 hours of the first intervention. The mobile crisis response team must involve the child and the child's family in developing and, if appropriate, implementing the short-term mental health crisis intervention plan under clauses a) or b), below.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

a) if the child shows positive change toward a baseline level of functioning or decrease in personal distress, the mobile crisis response team must document the medically necessary mental health services provided, that treatment goals are met, and that no further mental health services are required.

b) if the child is stabilized and requires less than eight hours of mental health crisis intervention services or a referral to less intensive mental health services, the mobile crisis response team must document the referral sources, the treatment goals, the medical necessity for mental health services, and the types of mental health services to be provided.

If the child and the child's family refuse to approve the short-term crisis intervention plan, the mobile crisis response team must note the refusal and the reason(s) for refusal; and

3. if more than eight hours of mental health crisis intervention services are needed, development of a written long-term intervention plan. The purpose of the long-term intervention plan is to identify strategies to reduce symptomatology of emotional disturbance or mental illness, coordinate linkage and referrals to community mental health resources, and prevent placement in a more restrictive setting such as foster care, an inpatient hospital, or a children's residential treatment facility.

Mental health crisis intervention and crisis stabilization services are limited to no more than 192 hours per calendar year. The services must be coordinated with emergency services and must be available 24 hours a day, seven days a week;

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

E. medically necessary mental health services provided by a mental health behavioral aide. Mental health behavioral aide services are designed to improve the functioning of the child in activities of daily and community living. The mental health behavioral aide services must implement goals in the child's individual treatment plan that allow the child to replace inappropriate skills with developmentally and therapeutically appropriate daily living skills, social skills, and leisure and recreational skills through targeted activities.

Mental health behavioral aide services are provided in the child's home, preschool, school, day care, and other community or recreational settings. Mental health behavioral aide services components are:

1. assisting the child as needed with skill development in dressing, eating, and toileting;

2. assisting, monitoring, and guiding the child to complete tasks, including facilitating the child's participation in medical appointments;

3. observing and intervening to redirect inappropriate behavior;

4. assisting the child in using age appropriate self-management skills as related to the child's emotional disorder or mental illness, including problem solving, decision making, communication, conflict resolution, anger management, social skills, and recreational skills;

5. implementing de-escalation techniques as recommended by the mental health professional;

6. providing other mental health services that the mental health professional has approved as being within the scope of the behavioral aide's duties; and

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

7. when directed exclusively to the treatment of the child, assisting the parents to develop and use skills that help the child achieve the goals outlined in the child's individual treatment plan or individual behavioral plan;

"Mental health behavioral aide" means a paraprofessional who is not the legal guardian or foster parent of the child working under the direction of either a mental health professional or a mental health practitioner under the clinical supervision of a mental health professional to implement the mental health services identified in a child's individual treatment plan or individual behavior plan. "Direction" means:

1. one total hour of on-site observation by a mental health professional during the first 12 hours of service;

2. ongoing, on-site observation by a mental health professional or mental health practitioner for at least one hour during every 40 hours of service; and

3. immediate accessibility of the mental health professional or mental health practitioner to the mental health behavioral aide when the services are provided.

An "individual behavior plan" is the plan of intervention, treatment, and services for a child, documenting instruction for the services to be provided by the mental health behavioral aide, written by a mental health professional or a mental health practitioner under the clinical supervision of a mental health professional. The plan must include:

1. detailed instructions on the service to be provided;

2. duration and scope of each service;

3. methods of documenting the child's behavior;

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

4. methods of monitoring the progress of the child in reaching objectives; and

5. goals to increase or decrease targeted behavior as identified in the individual treatment plan.

The mental health professional or mental health practitioner determines whether a Level I or Level II mental health behavioral aide is the most appropriate individual to provide services, as well as the number of hours of service. If a Level II mental health behavioral aide is the most appropriate individual to provide the service, but is unavailable, the mental health professional or mental health practitioner must document in the child's individual treatment plan the need for additional instruction of a Level I mental health behavioral aide.

1. a Level I mental health behavioral aide must:

a) be at least 18 years of age;

b) have a high school diploma or general equivalency diploma (GED) or two years of experience as a primary caregiver to a child with serious emotional disturbance within the previous ten years; and

c) meet the following orientation and training requirements:

1) 30 hours of preservice training covering Minnesota's data privacy law; the provisions of Minnesota's Comprehensive Children's Mental Health Act, the different diagnostic classifications of emotional disturbance; the use of psychotropic medications in children and the potential side effects; the core values and principles of the Child Adolescent Service System Program; how to coordinate services between the public education system and the mental health system; how to provide culturally appropriate services; and how to provide services to children with developmental disabilities or other special

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

needs. Fifteen hours must be face-to-face training in mental health services delivery;

2) eight hours of parent teaming training, which includes partnering with parents; fundamentals of family support; fundamentals of policy and decision-making; defining equal partnership; complexities of parent and service provider partnership in multiple service delivery systems; sibling impacts; support networks; and community resources; and

3) 20 hours of continuing education every two calendar years. Topics covered are those identified in clause 1), above.

2. a Level II mental health behavioral aide must:

a) be at least 18 years of age;

b) have an associate or bachelor's degree or 4,000 hours of experience delivering clinical services in the treatment of mental illness concerning children or adolescents; and

c) meet the same orientation and training requirements as a Level I mental health behavioral aide;

F. therapeutic components of preschool programs.
"Therapeutic components of preschool programs" means those alterative elements of licensed day programs providing mental health services to a child who is at least 33 months old but not yet attended kindergarten.

Therapeutic components of preschool programs are:

1. individual or group psychotherapy provided by mental health professionals; and

2. any of the following activities, if the activities are included in the child's individual treatment plan or individual behavior plan:

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

a) recreation therapy.

b) socialization therapy.

c) independent living skills therapy.

Therapeutic components of preschool programs are provided by a team of multidisciplinary staff under the clinical supervision of a mental health professional. A multidisciplinary team must include at least one mental health professional and one or more of the following: a mental health practitioner under the clinical supervision of a mental health professional on the team, or a program staff person (teacher, assistant teacher, or aide) if the person meets the qualifications and training of a Level I mental health behavioral aide and is under the direction of a mental health professional. "Direction" has the same meaning as described on page 16p, subitems 1-3 for mental health behavioral aide services.

Payment is limited to 72 hours of treatment in a calendar year unless authorization is obtained for additional hours within the same calendar year. The therapeutic components must be available at least one day a week for a minimum two-hour block. Payment is limited to one two-hour block each day; and

G. therapeutic components of therapeutic camp programs. "Therapeutic components of therapeutic camp programs" means those alterative elements of a structured recreational program of treatment and care provided by:

1. licensed day programs;

2. entities that meet the state licensing criteria for day programs, but operate no more than 30 days in any 12-month period; or

3. accredited camps.

The therapeutic components are the same as those described on pages 16r-16s for therapeutic components of preschool programs services.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

Therapeutic components of therapeutic camp programs are provided by a team of multidisciplinary staff under the clinical supervision of a mental health professional. A "multidisciplinary team" must include at least one program staff person if the person meets the qualifications and training of a Level I mental health behavioral aide and is under the direction of a mental health professional and at least one mental health professional or mental health practitioner under the clinical supervision of a mental health professional. "Direction" has the same meaning as described on page 16p, subitems 1-3 for mental health behavioral aide services.

Payment is limited to 20 hours of treatment in a calendar year.

Payment is limited to the above components of family community support services, plus time spent traveling to and from the site where family community support services are provided. Travel is paid for at the hourly medical assistance rate paid to a case manager for case management services provided in Supplement 1 to this Attachment. Only 40 hours of travel per client in any consecutive six-month period is paid. The 40-hour limit may not be exceeded on a calendar year basis unless prior authorization is obtained.

To be eligible for medical assistance payment, a mental health practitioner must receive clinical supervision from a mental health professional. However, a mental health practitioner will be paid if the practitioner maintains a consulting relationship with a mental health professional who accepts full professional responsibility and is present on-site for at least one observation during the first 12 hours in which the mental health practitioner provides family community support services. Thereafter, the mental health professional must be present on-site for observation as clinically appropriate when the mental health practitioner is providing individual family or group skills training; such observation must be a minimum of one clinical hour. The mental health professional must document his or her on-site presence in the child's record.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

The services specified in items A through R below are **not** eligible for medical assistance payment:

A. client outreach for the purpose of seeking persons who potentially may be eligible for family community support services;

B. family community support services provided to a child who at the time of service has not had a diagnostic assessment to determine if the child has a severe emotional disturbance (or, if between ages 18 and 21, a person with serious and persistent mental illness), except that the first 30 hours of family community support services provided to a child who is later assessed and determined to have a severe emotional disturbance (or, if between ages 18 and 21, a person with serious and persistent mental illness) at the time services began is eligible for medical assistance payment;

C. more than 68 hours of individual, family, or group skills training within any consecutive six-month period. The 68-hour limit may not be exceeded during any calendar year unless prior authorization is obtained;

D. more than 24 hours of crisis assistance within any consecutive six-month period. This limit may not be exceeded during any calendar year, except in the case of an emergency, and prior authorization or after-the-fact authorization of the psychotherapy is obtained under State rules governing after-the-fact authorization;

E. family community support services that exceed 92 hours in any combination of crisis assistance, and individual, family, or group skills training within any consecutive six-month period. The 92-hour limit may not be exceeded during any calendar year. Additional family community support services beyond 92 hours are eligible for medical assistance payment with prior authorization;

F. crisis assistance and individual, family, or group skills training provided by a person who is not at least qualified as a mental health practitioner and who does not maintain a consulting relationship with a mental health professional who accepts full professional responsibility;

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

G. family community support services provided at the same time as professional home-based mental health services;

H. family community support services simultaneously provided with therapeutic support of foster care services;

I. assistance in locating respite care and special needs day care, and assistance in obtaining potential financial resources, including federal assistance;

J. medication monitoring;

K. family community support services not provided by a county board or eligible provider under contract to a county board;

L. family community support services provided at the same time by more than one mental health professional or practitioner unless prior authorization is obtained;

M. family community support services to a child or the child's family that duplicate health services funded under medical assistance mental health services; grants authorized according to the Children's Community-Based Mental Health Fund; the Minnesota Family Preservation Act; or the Minnesota Indian Family Preservation Act, except up to 60 hours of day treatment services within a six-month period provided concurrently with family community support services to a child with severe emotional disturbance are eligible for medical assistance payment without prior authorization if the child is:

1. being phased out of day treatment services and phased into family community support services; or

2. being phased into day treatment services and the family community support services and day treatment services are identified with the goals of the child's individual treatment plan.

Prior authorization may be requested for additional hours of day treatment beyond the 60-hour limit.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

N. Family community support services are not covered unless the services provided to the family are directed exclusively to the treatment of the recipient;

O. Mental health behavioral aide services provided by a personal care assistant;

P. Services that are the responsibility of a residential or program license holder, including foster care providers;

Q. Crisis hotlines; or

R. Level I and Level II mental health behavioral aide services provided at the same time.

5. **Therapeutic support of foster care services** for children are the mental health training and support services and clinical supervision provided by mental health professionals or mental health practitioners to foster families caring for a child to provide a therapeutic family environment and support the child's improved functioning. For purposes of item 4.b., a child eligible for therapeutic support of foster care means a child under age 18 who has been determined, using a diagnostic assessment, to be a child with severe emotional disturbance, (or, if between ages 18 and 21, a person who has been determined to have a serious and persistent mental illness) who meets the functional criteria defined in Supplement 1 of this Attachment for purposes of targeted case management, or a child who meets one of the criteria listed on page 16a, items A-D for **professional home-based mental health services**. The number of foster children in a family receiving therapeutic support of foster care cannot exceed two, unless otherwise approved by the Department.

The diagnostic assessment must have determined that the child meets the functional criteria noted above and is in need of therapeutic support of foster care.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

The services are for the purposes of enabling a child to improve or maintain emotional or behavioral functioning in order to reduce or prevent the reliance upon more intensive, restrictive, and costly services, or to reunify and reintegrate the child with the child's family after out-of-home placement.

The entities eligible to provide therapeutic support of foster care services are the same as those for **family community support services**, page 16j. These entities provide therapeutic support of foster care services primarily in the child's foster home, but may also provide them in the child's day care or school, the home of a relative of the child, and a recreational, employment or leisure setting.

A provider of therapeutic support of foster care must meet the qualifications in items A through E, below:

A. the provider must be skilled in the delivery of therapeutic support services to foster families caring for children with severe emotional disturbance. Mental health practitioners must receive 20 hours of continuing training every two years. The topics covered must conform to those listed in State rules governing training for family community support services.

B. mental health practitioners cannot have caseload sizes of more than eight children.

C. if the county board has not done so, the provider must provide or assist the child or the child's family in arranging mental health crisis assistance services for the child and the child's foster family that must be available 24 hours per day, seven days a week.

D. the provider must submit a letter to the Department before providing therapeutic support of foster care services, assuring that the agency with which it contracts has adequate capacity to recruit mental health professionals and practitioners to provide such services.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

E. the provider must ensure that therapeutic support of foster care services are given in a manner is consistent with national core values for foster care treatment.

A provider of therapeutic support of foster care services must be capable of providing all of the components specified in items A-C on pages 16b-16c for **professional home-based mental health services.**

Payment is limited to the above components, plus time spent traveling to and from the site where therapeutic support of foster care services are provided, up to 128 hours of travel per client in any consecutive six month period. These limits apply on a calendar year basis as well. Travel is paid for at the hourly medical assistance rate paid to a case manager for case management services provided in Supplement 1 to this Attachment. Additional travel hours may be approved as medically necessary with prior authorization.

To be eligible for medical assistance payment, a mental health practitioner must receive clinical supervision from a mental health professional. However, a mental health practitioner will be paid if the practitioner maintains a consulting relationship with a mental health professional who accepts full professional responsibility and is present on-site for at least one observation during the first 12 hours in which the mental health practitioner provides the individual, family, or group skills training. Thereafter, the mental health professional must be present on-site for observation as clinically appropriate when the mental health practitioner is providing individual family or group skills training; such observation must be a minimum of one clinical hour during the first 12 hours. The mental health professional must document his or her on-site presence in the child's record.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

The services specified in items A through J below are **not** eligible for medical assistance payment:

A. therapeutic support of foster care provided to a foster family with a child who at the time of the service has not had a diagnostic assessment to determine if the child has a severe emotional disturbance (or, if between ages 18 and 21, has not had a diagnostic assessment to determine if the person has a serious and persistent mental illness), except that the first 30 hours of therapeutic support of foster care services provided to a foster family with a child who is later assessed and determined to have a severe emotional disturbance (or, if between ages 18 and 21, a serious and persistent mental illness) at the time services began is eligible for medical assistance payment;

B. more than 192 hours of individual, family, or group skills training within any consecutive six-month period. The 192-hour limit may not be exceeded during any calendar year unless prior authorization is obtained;

C. more than a combined total of 48 hours within any consecutive six-month period of individual, family, group, and multiple-family group psychotherapy. The 48-hour limit may not be exceeded during any calendar year, except in the case of an emergency if prior authorization or after-the-fact authorization of the psychotherapy is obtained;

D. therapeutic support of foster care services that exceed 240 hours in any combination of the psychotherapies and individual, family, or group skills training within any consecutive six-month period. Additional therapeutic support of foster care beyond 240 hours are eligible for medical assistance payment with prior authorization;

E. psychotherapy provided by a person who is not a mental health professional;

F. individual, family, or group skills training provided by a person who is not at least qualified as a mental health practitioner and who does not maintain a consulting relationship with a mental health professional who accepts full professional responsibility;

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

G. therapeutic support of foster care provided by a county board or provider under contract to a county board, if the county board or provider is not capable of providing all the components noted on pages 16x-16y;

H. therapeutic support of foster care provided at the same time by more than one mental health professional or mental health practitioner unless prior authorization is obtained;

I. therapeutic support of foster care to a foster family that duplicate health services funded under medical assistance mental health services; grants authorized according to the Children's Community-Based Mental Health Fund; the Minnesota Family Preservation Act; or the Minnesota Indian Family Preservation Act, except:

1) up to 60 hours of day treatment services within a six-month period provided concurrently with therapeutic support of foster care to a child with severe emotional disturbance are eligible for medical assistance payment without prior authorization if the child is:

a) being phased out of day treatment services and phased into therapeutic support of foster care; or

b) being phased out of therapeutic support of foster care and day treatment services are identified within the goals of the child's individual treatment plan.

Prior authorization may be requested for additional hours of day treatment beyond the 60-hour limit;

2) if the mental health professional providing the child's therapeutic support of foster care anticipates the child or the child's family will need outpatient psychotherapy services upon completion of the therapeutic support of foster care, then one session of individual psychotherapy per month for the child or one session of family psychotherapy per month for the child's family is eligible for medical assistance payment during the period the child receives therapeutic support of foster care.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

For purposes of the child's transition to outpatient psychotherapy, the child may receive two additional psychotherapy visits per six-month episode of therapeutic support of foster care if the mental health professional providing the therapeutic support of foster care works with the provider of outpatient psychotherapy to facilitate the child's transition from therapeutic support of foster care to outpatient psychotherapy services and to coordinate the child's mental health services.

J. Services provided to the foster family that are not directed exclusively to the treatment of the recipient.

6. **Services provided to recipients with severe emotional disturbance residing in a children's residential treatment facility** are limited to:

A. Intake, treatment planning and support. This includes developing, monitoring and revising the treatment plan, recording the recipient's medical history, providing a basic health screening and referring for health services if necessary, assisting in implementing health regimes, medication administration and monitoring, coordinating home visits when consistent with treatment plan goals, coordinating discharge and referral for aftercare services, and travel and paperwork related to intake, treatment planning and support.

B. Psychological examinations, case consultation, individual and group psychotherapy, and counseling. It includes testing necessary to make these assessments.

C. Skills development. This means therapeutic activities designed to restore developmentally appropriate functioning in social, recreational, and daily living skills. It includes structured individual and group skills building activities.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

It also includes observing the recipient at play and in social situations, and performing daily living activities and engaging in on-the-spot intervention and redirection of the recipient's behavior consistent with treatment goals and age-appropriate functioning.

D. Family psychotherapy and skills training designed to improve the basic functioning of the recipient and the recipient's family in the activities of daily and community living, and to improve the social functioning of the recipient and the recipient's family in areas important to the recipient's maintaining or re-establishing residency in the community. This includes assessing the recipient's behavior and the family's behavior to the recipient, activities to assist the family in improving its understanding of normal child development and use of parenting skills to help the recipient achieve the goals of the treatment plan, and promoting family preservation and unification, community integration, and reduced use of unnecessary out-of-home placement or institutionalization. Family psychotherapy and skills training is directed exclusively to treatment of the recipient.

Covered services are:

1. Provided pursuant to an individual treatment plan based on recipients' clinical needs;

2. Developed with assistance from recipients' families or legal representatives; and

3. Supervised by a mental health professional.

7. **Personal care assistant services identified in an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP)** and provided by school districts to children during the school day.

- The services must meet all the requirements otherwise applicable under item 26 of this Attachment if the service had been provided by a qualified, enrolled provider other than a school district, with the

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

following exceptions:

A. a personal care assistant does not have to meet the requirements of pages 78-78a and need not be an employee of a personal care provider organization;

B. assessments, reassessments and service updates are not required;

C. Department prior authorization is not required;

D. a physician need not review the IEP;

E. a personal care assistant ~~is supervised by a mental health professional, registered nurse, public health nurse, school nurse, occupational therapist, physical therapist, or speech pathologist~~ provides services under the direction of a qualified professional or a physician, as designated in the IEP;

F. service limits as described in this item do not apply; and

G. PCA Choice is not an option~~;~~

~~H. only the following activities of daily living, instrumental activities of daily living, health-related functions, and redirection and intervention for behavior are covered:~~

~~1) bowel and bladder care;~~

~~2) range of motion and muscle strengthening exercises;~~

~~3) transfers and ambulation;~~

~~4) turning and positioning;~~

~~5) application and maintenance of prosthetics and orthotics;~~